Data were retrospectively collected at several points in time from medical records and hospital information systems on baseline characteristics, treatments, dosages, treatment response, survival, adverse events and resource use. All patients entered the registry at time of diagnosis. **RESULTS:** Our registries contained information of 615 mRCC and 3093 haematological cancer patients (non-Hodgkin, multiple myeloma, and chronic lymphocytic leukaemia). They provided important information about how patients, including those regularly excluded from clinical trials, are treated in daily practice. However, important data, including prognostic information, was commonly missing (e.g. 40-55% missing performance status). Furthermore, patients treated with the drug of interest were not comparable to patients not treated with this drug. Moreover, only small numbers of patients received the drug of interest (mRCC: N=34; non-Hodgkin: N=35), and many patients received different drugs in various combinations and treatment sequences in haematological cancers. This, in combination with the inability to fully correct for confounding, complicates the estimation of a real-world incremental cost-effectiveness estimate. **CONCLUSIONS:** Our registries provided important information to physicians and policymakers to enhance quality of care and facilitate evidence-based decision making. Although population-based registries include high numbers of patients, it remains a challenge to obtain sufficient numbers of similarly treated and comparable patients. Therefore, it is inevitable to use data synthesis in combination with comprehensive modelling techniques to obtain valid real-world incremental cost-effectiveness estimates.

PCN155

IS SALE OF TOBACCO AND SMOKING PREVALENCE PREDICTORS OF FUTURE LUNG CANCER INCIDENCE?

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OBJECTIVES: Smoking is a leading cause of early dead and morbidity in the Western World. The purpose of this study is to evaluate how tobacco sales and tobacco survey data correlates with lung cancer incidence in the Danish population. It is estimated that up to 86% of lung cancer cases in developed countries are smoking related. **METHODS:** Lung cancer incidence data from 1943-2009 are from Nordcan (www.ancr.nu). Sale of tobacco (cigarettes/inhabitant) 1920-2010. Smoking habit surveys from 1953-2010, annually from 1969. Lung cancer incidence is age standardized to the Nordic population (ASR(N)), and is in rate per 100.000/year. Correlations are analyzed with Spearman's rho with SPSS18. **RESULTS:** The strongest correlation (spearman's rho = 0.92, $p<0.0001$) is found between sale of cigarettes and incidence of lung cancer with a lag time of 24 years. The correlation between lung cancer and the proportion of the population that smokes is well correlated for men (0.8, $p<0.0001$, lag time=20 years). Female smokers and lung cancer are with a lag time of 5-26 years negatively correlated, but correlates positively when the lag time is more than 27 years, the best correlation being 0.732 ($p=0.039$, lag time=35 years). **CONCLUSIONS:** The correlation between lung cancer incidence and the sale of cigarettes is better than for the proportion of smokers. This might be because sale gives a better estimation of the overall exposure in a form of population "pack years". The negative correlation between the proportion of female smokers and lung cancer, and the change to a positive correlation when a longer lag time is applied can be either a true finding that might be explained by longer development time in females. Or it could be a result of changes in the accuracy of the proportion, or a result of changes in the age pattern.

PCN156

VALUE BASED PRICING IN THE UK; INDUSTRY STAKEHOLDERS' PERSPECTIVES

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OBJECTIVES: The new value-based system of pricing branded medicines in the UK is nearing the launch phase with unresolved concerns towards developing the new pricing framework and executing the system. This study identifies the strategies proposed by stakeholders for the successful implementation of VBP and also determines the 'relative importance weights' of additional value-elements i.e., burden of illness, innovation and societal benefit introduced in the new pricing framework. **METHODS:** In-depth qualitative and survey-based interviews were conducted with 23 experts identified in pharmaceutical industry, NHS and SMC advisory committees, NHS hospitals and pharmacies. **RESULTS:** Pharmaceutical industry should adapt to a new model that brings innovation in R&D, addresses unmet need and demonstrates the value of a new drug by gathering real-world evidence. Government or payers should proactively publish guidelines before the launch or propose a transitional arrangement for pharma in 2014. The local uptake of medicines should be encouraged by introducing national settlement schemes and incentivizing the local commissioning groups. It is possible that government and pharmaceutical industry will direct more efforts towards improving the interaction between prescribers and patients for gathering real-world evidence. The results also indicated that clinical-effectiveness and cost-effectiveness will remain the prime metric in valuation process, however, burden of illness and innovation may carry more weight than other value-elements. Societal benefit still needs to be broadly defined; and innovation should ultimately translate into improved clinical efficacy. The study also highlights the impact of VBP on each stakeholder group and across disease areas with a focus on primary care and oncology. **CONCLUSIONS:** The stakeholders still lack the clear understanding of VBP and believe that ultimately it might be restructuring of the existing system given the limited time left for its implementation. Even though the new pricing framework includes additional criteria, pricing decisions are anticipated to be made on a case-by-case basis eventually.

PCN157

CONCEPTUAL FRAMEWORK FOR THE EVALUATION OF PATIENT ACCESS SCHEMES (PAS) IN THE EU

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OBJECTIVES: Patient access or risk sharing schemes (PASs) have recently been increasingly used, enabling easier and swifter access to new treatments, especially in oncology. However, PASs frequently do not deliver the required results. The aim was to create a conceptual framework that allows the selection of the most appropriate PAS in different countries. **METHODS:** A targeted literature review has been conducted to identify PAS specific literature in oncology. Based on the review and the evaluation of the currently implemented PASs in the EU, a three-level conceptual framework has been constructed. It is based on a list of criteria identified as country-specific prerequisite for the different types of PASs. Each criterion can be achieved by different tools/techniques, each with a list of basic requirements. PASs for each country can be evaluated using simple scoring system for each criterion. The proposed framework has been validated by EU industry experts and payer's representatives and tested for the UK and Hungary. **RESULTS:** The literature review identified large number of abstracts and studies; however only 14 met the inclusion criteria. These were mainly from the UK and US. The criteria evaluated authorities' roles and responsibilities, transparency throughout the negotiation process and implementation phase for all stakeholders, presence of trust and cooperation among payers and manufacturers, availability of budget, clear patient pathways, data availability, administration capacity and appropriate incentives for the stakeholders. The test results were in accordance with the expert's views and emphasized the insights from recent experiences and case studies. **CONCLUSIONS:** The conceptual framework offers a good starting point for the evaluation of the potential success of the different PASs in oncology in a given country. Future steps could include extension of therapeutic area, incorporation of relative weights for the criteria and extending the countries used for validation.

PCN158

ADHERENCE TO HUMAN EPIDERMAL GROWTH FACTOR RECEPTOR-2 (HER2) TESTING & ADJUVANT TRASTUZUMAB TREATMENT GUIDELINES IN A CANADIAN PROVINCE

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OBJECTIVES: We evaluated the use of confirmatory HER2 fluorescence in situ hybridisation (FISH) and predictors of trastuzumab use in early-stage breast cancer (ESBC) in the province of Ontario. The adherence of practice patterns to provincial adjuvant trastuzumab treatment guidelines and national HER2 testing consensus guidelines was assessed. **METHODS:** A retrospective cohort of ESBC patients diagnosed in 2006-7 was identified in the Ontario Cancer Registry (OCR). HER2 test type, sequence, result(s) and status, tumour grade and hormone receptor status were determined from centrally-held (OCR) pathology reports. Trastuzumab treatment was determined from provincial cancer agency records. Demographic, local health integration network (LHIN), surgical, prior radiological and anthracycline treatment and comorbidity data were determined from administrative data sources. Logistic models were used to estimate adjusted odds ratios for factors associated with guideline adherence. **RESULTS:** The first HER2 test result was the largest predictor of confirmatory testing, with HER2 equivocal tumours being significantly more likely to be retested vs. positive (OR 116 [79, 169]). Confirmatory testing varied by LHIN but not by age. Patients diagnosed with stage III disease had significantly higher odds of receiving a confirmatory test vs. stage I (OR 1.5 [1.1, 2.1]). HER2 status was the largest predictor of trastuzumab use in the cohort, with HER2 equivocal, negative or unknown status patients significantly less likely to receive treatment than positive. Patients with advanced age at diagnosis (≥70y) had lower odds of trastuzumab treatment compared to younger patients (OR 0.5 [0.3, 0.7]). Increasing tumour grade was associated with higher odds of treatment. Treatment varied significantly by LHIN. **CONCLUSIONS:** Despite limitations in centrally-reported tumour pathology, we demonstrate that the use of confirmatory FISH testing in Ontario was largely consistent with Canadian guidelines. Trastuzumab use in the cohort was consistent with provincial guidelines on HER2 status in many patients, though practice varies across LHINs.

PCN159

MELODY BRAZIL - TREATMENT PATTERNS IN BRAZILIAN HEALTH CARE SYSTEM

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OBJECTIVES: To determine treatment patterns among individuals treated for unresectable stage III and IV melanoma in the Brazilian public and private health care system. **METHODS:** A retrospective chart review was conducted in patients with unresectable stage III and IV melanoma or relapsed between January 01 2008 and December 31 2009. Patients had to have at least two months follow up in 12 private